

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		331338.52
(b) Cash on Hand at Beginning of Reporting Period .....	337396.48	
(c) Total Receipts (from Line 19) .....	43320.65	641463.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	380717.13	972801.91
7. Total Disbursements (from Line 31) .....	45910.74	637995.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	334806.39	334806.39
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	40816.55	528147.26
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1340.00	96644.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	42156.55	624791.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	42156.55	624791.96
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1164.10	16671.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43320.65	641463.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43320.65	641463.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	618600.00
24. Independent Expenditure (use Schedule E) .....	0.00	5139.58
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1410.74	12482.94
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45910.74	637995.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45910.74	637995.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42156.55	624791.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42156.55	624791.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1773.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Carol Dolinskas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address Pennsylvania Hospital 800 Spruce St		<b>Transaction ID:</b> 17397208	
City Philadelphia State PA Zip Code 19107-6130		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pennsylvania Hospital Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Jeffrey Sue		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1481 S King St Ste 202		<b>Transaction ID:</b> 17397324	
City Honolulu State HI Zip Code 96814-2692		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Yeoh & Muranaka, MD, Inc. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Ronald Reese		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 12 Quail Run		<b>Transaction ID:</b> 17397325	
City Randolph State NJ Zip Code 07869-2827		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Monclair Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Dr. David A. Wojtasek

Mailing Address 201 West 70th St.  
Apt. 16G

City State Zip Code  
New York NY 10023-4301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SLR Diagnostic Radiology,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 17397326

Amount of Each Receipt this Period

800.00

**B.** Full Name (Last, First, Middle Initial)  
DR Courtney Woodfield

Mailing Address 50 Park Row W Apt 514

City State Zip Code  
Providence RI 02903-1148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17447345

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Scott Fleischman

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Radiologists,  
Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17447346

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Ronald Weis

Mailing Address 11720 High Dr

City State Zip Code  
 Leawood KS 66211-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alliance Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 17447347

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)

DR Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code  
 Bettendorf IA 52722-6202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Group PC SC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 17447348

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Mahrhad Paymani

Mailing Address 7635 Frog Log Ln

City State Zip Code  
 Leesburg FL 34748-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Central FL

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 17454000

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kirsten A. Hanson

Mailing Address 1031 Towlston Rd

City State Zip Code  
 McLean VA 22102-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Radiology Asso-  
ciates, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 17454001

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Richard Noto

Mailing Address 1 Ferncliffe Rd

City State Zip Code  
 Barrington RI 02806-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 17454002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Herrington

Mailing Address 1110 Laurel Pl

City State Zip Code  
 Athens GA 30606-5789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17555825

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional) .....

925.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 79

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR John Lohnes, JR			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address Wichita Radiological Group PA PO Box 8903			<b>Transaction ID:</b> 17555826	
City State Zip Code Wichita KS 67208-0903			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Wichita Radiological Group PA		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Shane Kraske			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 37 Columbine Ct			<b>Transaction ID:</b> 17555827	
City State Zip Code Iowa City IA 52246-8716			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Radiologic Medical Services, Coralville		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR William Powlis			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address Crozer Chester Medical Center 1 Medical Center Blvd			<b>Transaction ID:</b> 17555828	
City State Zip Code Chester PA 19013-3902			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Southeast Radiology Ltd.		Occupation Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 79

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR J Keith Thompson  
 Mailing Address 10333 Buckwood Ln

City State Zip Code  
 Mechanicsville VA 23116-4846

FEC ID number of contributing federal political committee.

C

Name of Employer  
Radiology Associates of  
Richmond IncOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17555829

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Curtis Poor  
 Mailing Address 2415 Eagle Cir

City State Zip Code  
 Bettendorf IA 52722-6202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Radiology Group PC SCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17555830

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Stuart Moses  
 Mailing Address 14 Timber Dr

City State Zip Code  
 North Caldwell NJ 07006-4406

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560205

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Robert Newman  
 Mailing Address 913 Southview PI NE

City State Zip Code  
 Lenoir NC 28645-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lenoir Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560206

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Mary Pomeroy  
 Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Charlotte Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560207

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Richard Redvanly  
 Mailing Address 4315 Gosford PI

City State Zip Code  
 Charlotte NC 28277-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Charlotte Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560208

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

132.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Ross Bellavia  
 Mailing Address 6730 Seton House Ln

City State Zip Code  
 Charlotte NC 28277-4519

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560209

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Roger Thomas  
 Mailing Address 1636 Anita Ln

City State Zip Code  
 Newport Beach CA 92660-4804

FEC ID number of contributing federal political committee.

C

Name of Employer  
Newport Harbor RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560210

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Marcela Bohm-Velez  
 Mailing Address Weinstein Imaging Associates  
 5850 Centre Ave

City State Zip Code  
 Pittsburgh PA 15206-3780

FEC ID number of contributing federal political committee.

C

Name of Employer  
Weinstein Imaging Associa-  
tesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560211

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional) .....

246.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Deborah Agisim  
 Mailing Address 5600 Laurium Rd

City State Zip Code  
 Charlotte NC 28226-5610

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560212

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Amy Sobel  
 Mailing Address 11104 Creek Point Dr

City State Zip Code  
 Matthews NC 28105-7702

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560213

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
 DR William Stuart Hartley  
 Mailing Address 1625 Dilworth Rd W

City State Zip Code  
 Charlotte NC 28203-5213

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560214

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City State Zip Code  
Alexandria LA 71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560216

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Varian C. Scott, III

Mailing Address Radiology Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Birmin-  
gham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560217

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code  
Birmingham AL 35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560218

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

218.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		<b>Transaction ID:</b> 17560219	
City Warren State MI Zip Code 48093-3472		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Diagnostic Radiology Consultants, PC		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Gilbert Parker, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2763 Brownfield Way		<b>Transaction ID:</b> 17560220	
City Sumter State SC Zip Code 29150-2254		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sumter Radiological, P.A.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		<b>Transaction ID:</b> 17560221	
City San Antonio State TX Zip Code 78229-3901		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Texas Hlth Sci Ctr		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70	

**SUBTOTAL** of Receipts This Page (optional) .....

143.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560222

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Robert Raible, JR

Mailing Address 500 E Worthington Ave

City State Zip Code  
Charlotte NC 28203-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560224

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560225

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daniel Schwarz

Mailing Address Charlotte Radiology  
PO Box 36937City State Zip Code  
Charlotte NC 28236-6937FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560226

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code  
Atlanta GA 30307-1244FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
BirminghamOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560229

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR Jugesh Cheema

Mailing Address 55 Wellington Dr

City State Zip Code  
Orange CT 06477-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of DelawareOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 17560230

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

132.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 79

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR John Rogers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 802 West Gap Creek Road		<b>Transaction ID:</b> 17571334
City Greer	State SC	Zip Code 29651-5065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Antoinette LaValley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 2920 Tracewood Drive		<b>Transaction ID:</b> 17572119
City Toledo	State OH	Zip Code 43617-2305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Consulting Radiology Corp.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Kim Hwang		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 31 Cherry Rd		<b>Transaction ID:</b> 17572120
City Ithaca	State NY	Zip Code 14850-9757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2292.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Kenneth Rugh

Mailing Address PO Box 781908

City State Zip Code  
San Antonio TX 78278-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
San Antonio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17572121

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Jerrold Boxerman

Mailing Address 58 Azalea Rd

City State Zip Code  
Sharon MA 02067-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17572122

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Kathleen McCarten

Mailing Address 12 Oak Hill Dr

City State Zip Code  
Lincoln RI 02865-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Med Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17572124

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Gregory DubelMailing Address Brown Univ-Rhode Island Hosp  
593 Eddy StCity State Zip Code  
Providence RI 02903-4923FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rhode Island Medical Imag-  
ingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: 17572233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Harvey Goldstein

Mailing Address 31 Westelm Cir

City State Zip Code  
San Antonio TX 78230-2638FEC ID number of contributing  
federal political committee.**C**Name of Employer  
South Texas Radiology Gro-  
up, P.A.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: 17575001

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Michael Granato

Mailing Address 1708 Winding Vw

City State Zip Code  
San Antonio TX 78258-7219FEC ID number of contributing  
federal political committee.**C**Name of Employer  
South Texas Radiology Gro-  
upOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: 17575002

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR W Lawrence Greif

Mailing Address 130 Box Oak

City State Zip Code  
 San Antonio TX 78230-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575003

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR John Gurian

Mailing Address South Texas Radiology Group  
 8401 Datapoint Dr Ste 600

City State Zip Code  
 San Antonio TX 78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575006

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

DR Barry Menick

Mailing Address 219 Park Hill Dr

City State Zip Code  
 San Antonio TX 78212-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575007

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Michael Middlebrook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address South Texas Radiology Group PA 8401 Datapoint Dr Ste 600		<b>Transaction ID:</b> 17575008	
City San Antonio	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 78229-5907			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Texas Radiology Group, P.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Joseph P. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address South Texas Radiology Group 7950 Floyd Curl Dr Ste SL1-21		<b>Transaction ID:</b> 17575009	
City San Antonio	State TX	Amount of Each Receipt this Period 666.66	
Zip Code 78229-3919			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Texas Radiology Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Ezequiel Silva, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 120 W Linwood		<b>Transaction ID:</b> 17575010	
City San Antonio	State TX	Amount of Each Receipt this Period 750.00	
Zip Code 78212-2303			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Texas Radiology Group, P.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 750.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1716.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Robert Vasquez

Mailing Address South Texas Radiology Group  
8401 Datapoint Dr Ste 600

City State Zip Code  
San Antonio TX 78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575012

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Steven Wegert

Mailing Address 307 Branch Oak Way

City State Zip Code  
San Antonio TX 78230-5607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575013

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR John Agola

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575014

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Cara Bonawitz

Mailing Address 105 Shoal Quay

City State Zip Code  
Chesapeake VA 23320-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575015

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City State Zip Code  
Virginia Beach VA 23451-4944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575016

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
DR Kirstin Fiona Davis

Mailing Address 1005 Caton Dr

City State Zip Code  
Virginia Beach VA 23454-3162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575017

Amount of Each Receipt this Period

70.83

**SUBTOTAL** of Receipts This Page (optional) .....

270.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City State Zip Code  
Hampton VA 23666-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575018

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575019

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Theodore Dorsay

Mailing Address 1500 Chandon Cres

City State Zip Code  
Virginia Beach VA 23454-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575020

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Nina Fabiszewski

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575021

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR Yan Gao

Mailing Address 1521 Mirassou Ln

City State Zip Code  
Virginia Beach VA 23454-1373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575023

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** DR Susanne Grasso

Mailing Address Med Ctr Radiologists, Inc  
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575024

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Ho

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575025

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Lester Johnson

Mailing Address 1021 Downshire Chase

City State Zip Code  
Virginia Beach VA 23452-6154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575026

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Yoonah Kim

Mailing Address 917 Kings Cross

City State Zip Code  
Virginia Beach VA 23452-6230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.73

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575027

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

283.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ronald King

Mailing Address 532 Rosalie Ct

City State Zip Code  
 Virginia Beach VA 23462-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575028

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Patsy Loiacono

Mailing Address 903A Yorkville Rd

City State Zip Code  
 Yorktown VA 23692-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575029

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR Susan McKenzie

Mailing Address Medical Ctr Rads Inc Bldg 13  
 6330 N Center Dr Ste 220

City State Zip Code  
 Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575030

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575031

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Hans Sachse

Mailing Address 4200 Faigle Rd

City State Zip Code  
Portsmouth VA 23703-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575032

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Sarah Shaves

Mailing Address Medical Center Radiologists, Inc  
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.29

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575033

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Lamar Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID:</b> 17575034	
City Norfolk	State VA	Zip Code 23502-4008	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.86		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Adam Specht		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 3309 Chappell PI		<b>Transaction ID:</b> 17575035	
City Virginia Beach	State VA	Zip Code 23452-6290	Amount of Each Receipt this Period 70.83
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 829.73		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Richard Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1037 Long Beeches Ave		<b>Transaction ID:</b> 17575036	
City Chesapeake	State VA	Zip Code 23320-0681	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.86		

**SUBTOTAL** of Receipts This Page (optional) .....

270.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Harlan Vingan

Mailing Address Medical Center Radiologists, Inc  
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575037

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR Marshall Weissberger

Mailing Address Medical Center Radiologists  
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575038

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** DR John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.43

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575039

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)  
DR Robert Woolfitt

Mailing Address 6330 N Center Dr Bldg 13 Ste 220

City State Zip Code  
 Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, IOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.86

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575040

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)  
DR John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code  
 Virginia Beach VA 23452-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575042

Amount of Each Receipt this Period

66.67

C. Full Name (Last, First, Middle Initial)  
DR Phillip Luebbert

Mailing Address 9528 25th Bay St

City State Zip Code  
 Norfolk VA 23518-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
tsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.30

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575044

Amount of Each Receipt this Period

70.83

SUBTOTAL of Receipts This Page (optional) .....

237.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Kenneth Mendelson  
Mailing Address 703 Westover Ave

City State Zip Code  
Norfolk VA 23507-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital of the  
King's Daug

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575045

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Eveleen Oleinik  
Mailing Address 1021 Downshire Chase

City State Zip Code  
Virginia Beach VA 23452-6154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.14

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575046

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
DR Kip Kang-L Park  
Mailing Address 2044 Thomas Bishop Ln

City State Zip Code  
Virginia Beach VA 23454-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.99

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575047

Amount of Each Receipt this Period

66.67

**SUBTOTAL** of Receipts This Page (optional) .....

341.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code  
 Virginia Beach VA 23462-7492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575048

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

**B.** DR Desencia Thomas

Mailing Address 600 Sabal Palm Ln Apt 307

City State Zip Code  
 Chesapeake VA 23320-1743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575049

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

**C.** DR Jennifer Weaver

Mailing Address 3962 Aeries Way

City State Zip Code  
 Virginia Beach VA 23455-1558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575050

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional) .....

300.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

DR Charles Houston

Mailing Address 38901 Berchfield Rd

City

Lady Lake

State

FL

Zip Code

32159-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Central Florida

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575355

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DR David Johnsen

Mailing Address Rad Consultants of Lynchburg  
113 Nationwide Dr

City

Lynchburg

State

VA

Zip Code

24502-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Consultants of Lynchb-  
urg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575358

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DR Jose Arbona

Mailing Address 222 Farne Castle

City

San Antonio

State

TX

Zip Code

78249-2081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
San Antonio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575609

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR John Knudtson  
Mailing Address 2549 Lake Ridge Cir

City State Zip Code  
Wichita KS 67205-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wichita Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575610

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Yi Liu  
Mailing Address 39400 Treeline Dr

City State Zip Code  
Lady Lake FL 32159-6017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17575612

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Steven Davis  
Mailing Address 1029 E Oakbrook Ln

City State Zip Code  
Mount Pleasant IA 52641-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis Radiology, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 17589710

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Peter Evangelista

Mailing Address 128 Windmill Dr

City State Zip Code  
 South Kingstown RI 02879-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 17589711

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Andrew Smyth

Mailing Address 208 Gilmore Ct SE

City State Zip Code  
 Fort Walton Beach FL 32548-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White-Wilson PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 17589712

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR Randall S. Winn

Mailing Address Reading Hospital & Med Ctr  
 PO Box 16052

City State Zip Code  
 Reading PA 19612-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
soc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 17589713

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Nhan Truong

Mailing Address PO Box 4975

City State Zip Code  
 Tulsa OK 74159-0975

FEC ID number of contributing federal political committee.

C

Name of Employer  
Radiology Consultants of  
TulsaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 17589714

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR William McKissick

Mailing Address 2414 Caravel Ln

City State Zip Code  
 Knoxville TN 37922-6174

FEC ID number of contributing federal political committee.

C

Name of Employer  
Acrocrombie Radiological  
ConsultantsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 17598906

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Carl Schultz

Mailing Address 1424 N Laurel Ave

City State Zip Code  
 Upland CA 91786-2765

FEC ID number of contributing federal political committee.

C

Name of Employer  
San Antonio Radiological  
Medical GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 17598907

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code  
 Atlanta GA 30306-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgia Baptist Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 17598908

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Marc G. Koenig

Mailing Address 2414 Ridge Rd

City State Zip Code  
 Lincoln NE 68512-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lincoln Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 17598909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Gilberto Cadavid

Mailing Address 5 Camden Oaks

City State Zip Code  
 San Antonio TX 78248-1601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
San Antonio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 17599291

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William C. Harrison

Mailing Address 2315 Mayfair Dr Ste 11

City State Zip Code  
 Owensboro KY 42301-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology, PSC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 17697830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR John Borowski

Mailing Address 9715 Lantana Dr

City State Zip Code  
 San Antonio TX 78217-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
San Antonio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 17697911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Rosendo Diaz

Mailing Address 801 E Dixie Ave Ste 104

City State Zip Code  
 Leesburg FL 34748-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 17697912

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Steven Leonard

Mailing Address PO Box 4975

City State Zip Code  
 Tulsa OK 74159-0975

FEC ID number of contributing federal political committee.

C

Name of Employer  
Radiology Consultants of  
TulsaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 17697913

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

DR Richard Held, II

Mailing Address 39144 Harbor Hills Blvd

City State Zip Code  
 Lady Lake FL 32159-5931

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 17722450

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City State Zip Code  
 Conyers GA 30013-2064

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821706

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bernard Masters, III

Mailing Address 6 Misty Ln

City

Greenville

State

SC

Zip Code

29615-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Univ of South Car-  
olin

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821707

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Clifford Douglas Phillips

Mailing Address 4630 Mockernut Ln

City

Earlysville

State

VA

Zip Code

22936-9699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVA Neuroradiology Flwshp  
Prog

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR John Hutchison, JR

Mailing Address 129 Lick Branch Rd

City

Bristol

State

TN

Zip Code

37620-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Ridge Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821709

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Thomas Lawrence

Mailing Address 21 Flagship Cv

City Greensboro State NC Zip Code 27455-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821719

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City Little Rock State AR Zip Code 72212-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821720

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Marie Taylor

Mailing Address Washington University  
4921 Parkview Pl

City Saint Louis State MO Zip Code 63110-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wash Univ. School of Medi-  
cine

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821721

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code  
Waban MA 02468-1112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newton Wellesley Hosp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821722

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

DR Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code  
Sewalls Point FL 34996-6502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Michael M. Raskin, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821723

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
Dallas TX 75254-8613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17821726

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Murray Becker  
 Mailing Address 56 Independence Dr

City State Zip Code  
 East Brunswick NJ 08816-3286

FEC ID number of contributing federal political committee.

C

Name of Employer  
Columbia-Presbyterian Med CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822497

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code  
 New Bern NC 28560-7520

FEC ID number of contributing federal political committee.

C

Name of Employer  
Coastal RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822498

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
 DR William Ketcham, II

Mailing Address 10009 Knowlwood Rd

City State Zip Code  
 Cheyenne WY 82009-8362

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baylor College of MedicineOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822499

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Anna Chacko

Mailing Address 9 Fieldstone Dr

City State Zip Code  
 Winchester MA 01890-3257

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lahey Clinic Med CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822500

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR Rajiv Sharma

Mailing Address Charlotte Radiology  
1701 East Blvd

City State Zip Code  
 Charlotte NC 28203-5823

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822501

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City State Zip Code  
 Charlotte NC 28226-5610

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822502

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

137.00

TOTAL This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marcantonio

Mailing Address William Beaumont Hosp  
3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia West Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822503

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code  
Dallas TX 75205-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822505

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Kent Lancaster

Mailing Address Radiology Associates of Berrien  
777 Riverview Dr Ste D208

City State Zip Code  
Benton Harbor MI 49022-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Berrie

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822506

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

192.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic  
1900 South Ave

City State Zip Code  
La Crosse WI 54601-5467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822510

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822511

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code  
Greenville NC 27834-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822512

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

181.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Daniel Cohen  
Mailing Address 1480 Brookfield Road

City State Zip Code  
Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822513

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Tripp  
Mailing Address 751 Lexington Dr

City State Zip Code  
Greenville NC 27834-0508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822514

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
DR Douglas Shusterman  
Mailing Address Eastern Radiologists Inc  
9 Doctors Park

City State Zip Code  
Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822516

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code  
 Greenville NC 27858-8441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822517

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** Eric M. Martin

Mailing Address 9 Doctors Park

City State Zip Code  
 Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822518

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** Roger Vithalani

Mailing Address 516 Chesapeake PI

City State Zip Code  
 Greenville NC 27858-0678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822519

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code  
 Williamsville NY 14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor College of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822520

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code  
 Greenville NC 27858-8130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822521

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Randall Stickney

Mailing Address 10620 S 77th East Ave

City State Zip Code  
 Tulsa OK 74133-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma State Rad Society

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822522

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Ira Adler Mailing Address 1811 Bloomsbury Rd City Greenville State NC Zip Code 27858-9617 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 17822524</b> Amount of Each Receipt this Period 40.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Kenneth Wolfson Mailing Address 1804 Bardstown Rd City Charlotte State NC Zip Code 28226-0921 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UCLA Medical Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 17822525</b> Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR H E. Longmaid, III Mailing Address 52 Harwich Rd City Chestnut Hill State MA Zip Code 02467-3023 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 17822528</b> Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
 Lincoln MA 01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.38

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822529

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation  
 9500 Euclid Ave

City State Zip Code  
 Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Foundati-  
on

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822530

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code  
 Bellaire TX 77401-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822531

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

165.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Edward Black			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Charlotte Radiology PA PO Box 36937			<b>Transaction ID:</b> 17822532	
City Charlotte State NC Zip Code 28236-6937			Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Charlotte Radiology PA		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Joseph Lurito			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Eastern Radiologists 9 Doctors Park			<b>Transaction ID:</b> 17822533	
City Greenville State NC Zip Code 27834-2801			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Terry Wallace			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937			<b>Transaction ID:</b> 17822534	
City Charlotte State NC Zip Code 28236-6937			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

**SUBTOTAL** of Receipts This Page (optional) .....

132.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Demetrius Morros  
 Mailing Address 1045 Lake Colony Ln

City State Zip Code  
 Birmingham AL 35242-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Birmingham Radiological  
 Group P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.04

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822535

Amount of Each Receipt this Period

83.34

**B.** Full Name (Last, First, Middle Initial)  
 DR Raul de la Vega, III  
 Mailing Address 2936 Grampian Dr

City State Zip Code  
 Gastonia NC 28054-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Shelby Radiological Assoc-  
 iates

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822536

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Steven Leibel  
 Mailing Address 19 Woodleaf Ave

City State Zip Code  
 Redwood City CA 94061-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Stanford University

Occupation  
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822537

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

163.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR John D. Howard

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822540

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine  
Medical Center Blvd

City State Zip Code  
Winston Salem NC 27157-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest Univ Sch of  
Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822541

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code  
Charlotte NC 28211-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822542

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

107.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code  
 Charlotte NC 28277-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822543

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code  
 Charlotte NC 28277-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822544

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code  
 Wall Township NJ 07719-9648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Shore Radiology As-  
sociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822545

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

122.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Joel Swartz

Mailing Address 1210 Page Ter

City Villanova State PA Zip Code 19085-2132

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822546

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

DR Dale Shaw

Mailing Address 3601 Sharon Rd

City Charlotte State NC Zip Code 28211-3325

FEC ID number of contributing federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17822548

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)

DR Michael Brannon

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

FEC ID number of contributing federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823026

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Edward Sullivan, III			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400			<b>Transaction ID:</b> 17823027	
City Birmingham State AL Zip Code 35216-2152			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Associates of Alabama		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Bruce Schroeder			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 738 Lexington Dr			<b>Transaction ID:</b> 17823028	
City Greenville State NC Zip Code 27834-0507			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Eastern Radiologists		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR William Carey Werthmuller			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937			<b>Transaction ID:</b> 17823029	
City Charlotte State NC Zip Code 28236-6937			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Joel Wissing

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823030

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Carl Eisenberg

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823032

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code  
Arden Hills MN 55112-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823033

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823034

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diag. Imaging Alliance of  
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823035

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Stuart Moses

Mailing Address 14 Timber Dr

City

North Caldwell

State

NJ

Zip Code

07006-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823036

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Robert Newman  
 Mailing Address 913 Southview PI NE

City State Zip Code  
 Lenoir NC 28645-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lenoir Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823039

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Mary Pomeroy  
 Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Charlotte Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823040

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Richard Redvanly  
 Mailing Address 4315 Gosford PI

City State Zip Code  
 Charlotte NC 28277-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Charlotte Radiology

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823041

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

132.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Ross Bellavia

Mailing Address 6730 Seton House Ln

City State Zip Code  
 Charlotte NC 28277-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823042

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code  
 Newport Beach CA 92660-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823043

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates  
 5850 Centre Ave

City State Zip Code  
 Pittsburgh PA 15206-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imaging Associa-  
 tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823044

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional) .....

246.67

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code  
 Charlotte NC 28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823045

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Amy Sobel

Mailing Address 11104 Creek Point Dr

City State Zip Code  
 Matthews NC 28105-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823046

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DR William Stuart Hartley

Mailing Address 1625 Dilworth Rd W

City State Zip Code  
 Charlotte NC 28203-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823047

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City State Zip Code  
Alexandria LA 71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823048

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Varian C. Scott, III

Mailing Address Radiology Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Birmin-  
gham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823049

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code  
Birmingham AL 35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823050

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

218.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kevin O'Brien

Mailing Address St Johns Macomb Hospital  
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Radiology Cons-  
ultants, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823051

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Gilbert Parker, JR

Mailing Address 2763 Brownfield Way

City Sumter State SC Zip Code 29150-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sumter Radiological, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823052

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

DR Gerald Dodd, III

Mailing Address Univ of Texas Hlth Sci Ctr  
7703 Floyd Curl Dr

City San Antonio State TX Zip Code 78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas Hlth Sci Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823053

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

143.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823054

Amount of Each Receipt this Period

42.00

**B.** Full Name (Last, First, Middle Initial)

DR Robert Raible, JR

Mailing Address 500 E Worthington Ave

City State Zip Code  
Charlotte NC 28203-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823055

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823056

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Schwarz

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823057

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Toby C. Cole, JR

Mailing Address PO Box 2959

City State Zip Code  
Asheville NC 28802-2959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asheville Radiology Assoc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823058

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code  
Atlanta GA 30307-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Birmingham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823060

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

112.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Jugesh Cheema  
Mailing Address 55 Wellington Dr

City State Zip Code  
Orange CT 06477-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Delaware

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17823061

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR David Harry  
Mailing Address 136 Highview Rd

City State Zip Code  
Stephenson VA 22656-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17826672

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
DR Martin Anbari  
Mailing Address 5163 S Virginia Ave

City State Zip Code  
Springfield MO 65810-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Litton and Giddings

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 17826680

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR William Sullivan  
 Mailing Address 520 E Mandalay Drive

City State Zip Code  
 San Antonio TX 78212-1746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17826681

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Barbara Sullivan  
 Mailing Address 4400 S Piedras Dr Ste 200A

City State Zip Code  
 San Antonio TX 78228-1295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
San Antonio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 17826683

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

40816.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 79

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	1		2	0	0	6														
Mailing Address PO Box 13750		<b>Transaction ID:</b> 17728569																					
City State Zip Code Philadelphia PA 19101		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1164.10</td> </tr> </table>		1164.10																			
1164.10																							
FEC ID number of contributing federal political committee. C		Interest																					
Name of Employer Occupation																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">10071.43</td> </tr> </table>		10071.43																			
10071.43																							

**SUBTOTAL** of Receipts This Page (optional) .....

1164.10

**TOTAL** This Period (last page this line number only) .....

1164.10



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of Roy Blunt

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Roy Blunt

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 16790783

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort Wayne

State  
IN

Zip Code  
46804

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mark Souder

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 3

Transaction ID: 17374440

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Chafee For Senate

Mailing Address PO Box 7329

City  
Warwick

State  
RI

Zip Code  
02887

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Lincoln Chafee

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 2

Transaction ID: 17100462

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Glacier PAC**Mailing Address 818 Connecticut Avenue Northwest  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17453846

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Amount of Each Disbursement this Period

5000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**B. Friends Of Clay Shaw**Mailing Address P.O. Box 2188  
2600 Ne 14th. Street Causeway

City Fort Lauderdale State FL Zip Code 33303

Purpose of Disbursement

Candidate Name  
Rep. E. Clay Shaw, Jr.Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 22

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 17453852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**C. Doc PAC**

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17453843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Amount of Each Disbursement this Period

2500.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Ben Cardin For Senate

Mailing Address PO Box 65056

City  
BaltimoreState  
MDZip Code  
21209

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MD District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 17453862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Voice for Freedom

Mailing Address 2451 Cumberland Parkway Suite 326

City  
AtlantaState  
GAZip Code  
30339

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:   
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17453844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Thelma Drake For Congress

Mailing Address P.O. Box 61480

City  
Virginia BeachState  
VAZip Code  
23466

Purpose of Disbursement

Candidate Name  
Rep. Thelma DrakeOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 2

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 17453855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Bachmann For Congress**

Mailing Address Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement

Candidate Name  
Michele Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 6

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17371610

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Scott Garrett For Congress**

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement

Candidate Name  
Rep. Scott Garrett

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17371613

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name  
Rep. Cathy McMorris

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17380572

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Weldon Victory Committee

Mailing Address P. O. Box 1992

City State Zip Code  
Media PA 19063

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Curt Weldon

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 7

Transaction ID: 17571206

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Herseth For Congress

Mailing Address PO Box 2009

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Stephanie Herseth

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 1

Transaction ID: 17453841

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** The Allen Victory Committee

Mailing Address Post Office Box 6853

City State Zip Code  
Arlington VA 22206

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17586916

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Joe Negron For Congress

Mailing Address PO Box 1816

City  
Stuart

State  
FL

Zip Code  
34995

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Mr. Joe Negron

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 16

**Transaction ID: 17584699**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Lampson For Congress

Mailing Address P.O. Box 58606

City  
Houston

State  
TX

Zip Code  
77258

Purpose of Disbursement

Debt Retirement

**011**  
Category/  
Type

Candidate Name

Mr. Nicholas Lampson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 22

**Transaction ID: 17729869**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Debt Retirement

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

44500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17728567

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1410.74

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

1410.74

**TOTAL** This Period (last page this line number only) .....

1410.74